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Disability and Academic Careers: Using the Social Relational Model to Reveal the Role of Human Resource Management Practices in Creating Disability

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Katherine Sang 

Edinburgh Business School, Heriot-Watt University, UK

Thomas Calvard 

University of Edinburgh, UK

Jennifer Remnant 

Edinburgh Business School, Heriot-Watt University, UK

Abstract

Disabled people continue to face a variety of significant barriers to full participation and inclusion in work and employment. However, their experiences remain only sparsely discussed in relation to human resource management (HRM) practices and employment contexts. The current study contributes to this gap in understanding by drawing together relevant work connecting HRM practices, diversity management and disability studies to examine the experiences of a sample of 75 disabled academics in the UK. Through the social relational model of disability, HRM practices socially construct disability in the workplace. Interview and email data from disabled academics in the UK are drawn upon to illustrate how organisational practices and policies, while intended to 'accommodate' disabled people, inadvertently construct and shape disability for people with impairments or chronic health conditions.

Keywords

academic careers, disability, discrimination, inclusion, social relational model

Corresponding author:

Katherine Sang, Edinburgh Business School, Heriot-Watt University, Edinburgh EH14 4AS, UK.
Email: k.sang@hw.ac.uk

Introduction

The experiences of disabled employees remain sparsely discussed despite evidence employers are neglecting their responsibilities under disability inclusion schemes such as Two Ticks (Hoque et al., 2014). Disabled people experience various forms of employment discrimination, including limited access to development opportunities and subjection to offensive misbehaviour (Foster and Scott, 2015). Although disability inclusion is a component of creating an inclusive workplace (Barrena-Martínez et al., 2017), there remains much work to be done to more fully understand how human resource management (HRM) policies and practices shape the experiences of disabled employees. Drawing on the social relational model of disability (Thomas, 2004a), study data are used to suggest HRM practices can contribute to the social construction of disability in the workplace.

Interviews with disabled academics in the UK are used to illustrate how organisational practices, some of which are intended to 'accommodate' disabled people, discursively construct and shape disability for people with 'impairments' or chronic health conditions (Foster, 2007; William, 2016). The article begins by reviewing existing research on disabled people's experiences of employment, including in academia, before discussing the social relational model of disability. Following presentation of the study's methods and findings, the implications of recognising how HRM practices can construct disability are discussed.

Disability, diversity and human resource management

Employment research on disability has typically been located within the broader area of diversity management, rather than sociological explorations of human resource policies and their implementation (e.g. Caldwell, 2004; Van Mierlo et al., 2018). A diversity focus can be problematic in practice, often proving confusing for line managers, HRM staff and employees navigating competing discourses of equality and diversity (Foster and Harris, 2005). Further, disabled people's experiences are qualitatively different from other marginalised groups (Randle and Hardy, 2017). Disabled workers' experiences are defined by a complicated relationship between their management, impairment effects, and policies and practices designed with non-disabled people in mind despite employers aligning their HRM disability policies with government pressures to reduce state welfare costs, via return-to-work initiatives (Moore et al., 2017).

Disabled employees experience a range of pressures, including the need to demonstrate capability and the burden of additional emotional labour (Roulstone, 2000). Randle and Hardy's (2017) study of disabled workers in the creative industries revealed managers often expect disabled people to be satisfied with jobs with little potential for progression. Entry into such sectors is modelled on an ideal(ised) worker, a constructed, ableist 'norm', who can undertake work tasks difficult for workers with impairments (Randle and Hardy, 2017). The need for context-sensitivity is elaborated by Richards (2012), who argues disability and employment research must be attuned to the varying experiences of those with differing 'impairments', as well as the contexts shaping how disability is constructed through practices, relationships

and interactions within organisations. The contribution of the current study lies in developing this move away from medicalised approaches to disability in the workplace, and toward sociological perspectives on the implementation of HRM and employment practices which allow for disability to be seen as a social oppression and discursively constructed (Thomas, 2007).

Disabled academics

Disabled academics are under-represented in academia, with fewer than 5% declaring disability in the UK (ECU, 2017). Academia is characterised by high workloads, long working hours and an increasingly metric-driven culture (Gruber, 2014; Sang et al., 2015). These changes reflect a broader culture of marketisation, with detrimental effects on academics' working lives (Addison, 2016), and implications for disabled academics who already must engage in additional work to organise their own support (Merchant et al., 2020). While the gendered effects of academic work and management are well established (e.g. Acker, 1983), less is known about how the 'greedy institution' of academia's work demands affects those academics who are disabled or have chronic health conditions (Williams and Mavin, 2015). Disabled academics are less likely to be found in leadership positions (Emira et al., 2018) and, along with other marginalised groups, are less likely to be submitted for research assessment processes (Leathwood, 2017). Impairment effects act as a career boundary (Williams and Mavin, 2015), resulting in the risk of being 'othered' within the competitive cultural environment of academe (Merchant et al., 2020). Academic institutions are failing to address the unique access needs of academic staff (Smith and Andrews, 2015) although higher education, with its emphasis on creating inclusive campuses for staff, students and faculty, is a key work environment for championing disability and employment (Evans et al., 2017).

Theorising disability

Historically, disability research has drawn on the medical model, which rests on unequal power relationships underpinning interactions between 'patients' and the medical professions (Blease et al., 2017). This individualistic model of disability focuses on curing disability in individuals, while a sociology of disability allows for an understanding of how disability arises from structural barriers (Allan, 2010). Disability activists and scholars developed the *social model* of disability, which distinguishes between an 'impairment' and the oppression which occurs when a person with an impairment interacts with a world designed by people without impairments (Thomas, 2004b). Disability is thus defined by oppression, and forms the basis for understanding and accommodating disability in the UK (Shakespeare, 2006). Exclusion from the paid workforce, across sectors and job types, has been central to the social model of disability's notion of disablement (Grover and Piggott, 2010). A sociological conceptualisation of disability underlies the language within UK disability communities, using 'disabled person', rather than the person-first 'people with disabilities' preferred in North American contexts (Dunn and Andrews, 2015). Accordingly, the current research avoids the use of person-first language, consistent with similar studies (Foster, 2018; Randle and Hardy, 2017).

While the social model can help distinguish between disability and ‘impairment’ (Watson, 2002), it has been critiqued for not allowing greater insights into the effects of ‘impairments’. Accordingly, Thomas (1999, 2004a, 2012) argues for viewing disability as a social oppression, whereby those designated with ‘impairments’ are oppressed by those without, extending the social model of disability into a *social relational model*. Disability experiences can be more fully specified in terms of a range of structural, relational and personal dimensions relevant to work and employment. This can render visible how the oppression and marginalisation of disabled people is the product of social relationships, rather than a dichotomy between dis/ability (Goodley, 2016). Disability identity construction occurs through unequal interactions with key actors and agencies associated with employment and occupations (Brown et al., 2009; Sang et al., 2016). The social relational model allows for a theoretical and contextualised conceptualisation of disability, which integrates the social oppression of disabled people in the workplace with material and bodily impairment effects, such as underemployment and fatigue (Martin, 2013).

The adoption of a social relational model when researching disability extends beyond individualistic models to more fully reflect how disability is constructed in employment contexts (Williams and Mavin, 2012). Social relational models do not ‘deny the category “disabled people”’, but argue a classification must be historically situated, socially composite and seen as part of a multiple identity’ (Watson, 2002: 513), while also accounting for ‘impairment’ effects (Reindal, 2008). Contextualisation involves considering ‘ableist’ practices (Campbell, 2008), including HRM practices that disable or discriminate; for example, needing to disclose disabilities to receive adjustments to working arrangements (Onken and Slaten, 2000). HRM practices can construct disability for employees – through job application processes difficult for people with dyslexia to complete, for example (Sang et al., 2016).

Social relational approaches respond to calls for more nuanced and varying social research on disability and employment (Williams and Mavin, 2012), particularly where disabled employees occupy a contradictory position in their discursive relationships with others. Constructed in terms of what they are *unable* to do, disabled employees must enact a positive identity around what they are *able* to do – in terms of productivity and participating in HRM practices to demonstrate their value (Jammaers et al., 2016). A social relational understanding helps understand how disablement is experienced through a threefold combination of effects. These include direct unavoidable ‘impairment effects’ on embodied functioning in the social world; ‘barriers to doing’ that are materially and socially imposed and limit access and activities; and ‘barriers to being’ reflecting demeaning words or actions negatively impacting identity and self-esteem (Cologon, 2016). While present in disability studies, these effects remain underexplored in studies of work and employment. Hence, the norms of an ideal worker with unreasonably high levels of physical and psychological capability constitute and give rise to barriers to doing and being disabled employees, with disability being further constructed through processes of HRM implementation.

The current article contributes to this area by investigating the experiences of disabled academics sociologically, inquiring into how the implementation of HRM practices exerts social and relational influences that create and reinforce disabling norms within their work, which then need to be navigated and negotiated, or risk being internalised.

Methodology

To understand the experiences of disabled academics in relation to HRM practices, a qualitative approach was taken, involving semi-structured interviews and electronic communications with disabled academics. Interviewees were recruited using convenience sampling, via social media and circulation of calls for participants by universities' heads of schools and disability services in the UK. Rather than sample employees with a single impairment or syndrome of impairments (e.g. Richards, 2012), the focus of the research was to trace commonalities and differences across a maximally wide range of impairments affecting work and employment participation (Jammaers and Zanoni, 2020). A sample with maximum variation is more appropriate for studying disabilities, as disabled employees tend to 'constitute a more heterogeneous group than women and ethnic minorities' (Woodhams and Danieli, 2000: 402).

Each participant was provided with a consent form with study details and interview questions. To accommodate the complex needs of some participants, interviews took one of two forms: (1) 22 synchronous telephone or Skype interviews; or (2) 53 electronic interviews via email or online using shared documents (e.g. Google Docs). The latter data collection method meant participants could take part while allowing for impairment effects. Seventy-five people participated in the research and constituted the final sample.

Fifteen synchronous interview participants were white women (68%), but the sample also included a range of ethnicities, disciplinary backgrounds, ages, career stages and impairments. Participants came from science, engineering, medicine, mathematics, social sciences and humanities, and occupied a diverse range of research and teaching roles, including laboratory work, fieldwork and desk-based research. Participants held a variety of hourly-paid, voluntary, independent, fixed-term and open-ended contracts. Impairments reported included: neurodiversity (autism spectrum disorders, dyslexia, dyspraxia), mental health conditions, mobility impairments, progressive neurological conditions, gynaecological conditions, traumatic brain injury, coordination disorders and muscular conditions. Participants had visible and hidden impairments, as well as acquired and/or lifelong health conditions. Table 1 shows the synchronous participants' characteristics in summary form.

Regarding asynchronous interviews/e-responses, 45 were from women (85%), 34 in social sciences (64%) and 34 worked full-time (64%). Impairments and health conditions included chronic health conditions (e.g. bowel conditions), neurological conditions (e.g. multiple sclerosis), musculoskeletal conditions, autoimmune diseases (e.g. arthritis) and mental health conditions. Most participants indicated one diagnosis, although fourteen (26%) indicated co-morbidity (e.g. physical with mental health conditions). Twelve had left higher education due to impairment-related issues (23%), although continued to work in related educational and research roles.

For synchronous interviews, research ethics were reiterated at the start of the interview, and detailed field notes taken to aid analysis. The semi-structured interview format allowed for flexibility, where the main substantive questions asked about:

1. career history
2. 'impairment' history
3. experiences of work and HRM in relation to their impairment or disability
4. how organisations could better support them and their careers.

Table 1. List of respondents to synchronous interviews.

Pseudonym	Gender	Age	Impairment	Discipline
Ann	Female	40s	Dyslexia	Social Science
Ainsley	Gender queer	20s	Mobility, gynae, mental health and Asperger's	Sciences
Alpana	Female	20s	Cerebral palsy	Social Science
Alison	Female	20s	Visual impairment	Humanities
Arrabelle	Female	40s	CFS/ME	Social Science
Chloe	Female	40s	Stammer	Social Science
Catherine	Female	50s	Vestibular disorder	Social Science
David	Male	30s	Dyslexia	Humanities
Drew	Male	Not given	TBI	Health and Social Sciences
Frances	Female	60s	Dyslexia	Humanities
George	Male	60s	Depression	Sciences
Harriet	Female	30s	CFS/ME	Sciences
Kalie	Female	30s	Mobility issues (wheelchair user)	Health Sciences
Louise	Female	50s	Cerebral palsy and mental health	Social Science
Lindsay	Female	20s	Dyslexia	Health Sciences
Leanne	Female	30s	Dyslexia and depression	Sciences
Paul	Male	20s	ADD and dyslexia	Sciences
Rosie	Female	30s	Neurological and mobility impairment (wheelchair user)	Sciences
Richard	Male	20s	Dyspraxia	Sciences
Susan	Female	30s	Neurological	Sciences
Scott	Male	60s	TBI	Humanities
Tina	Female	50s	Asperger's	Social Science

Notes: ADD: attention deficit disorder; CFS/ME: chronic fatigue syndrome; TBI: traumatic brain injury.

Those who participated electronically were provided with the same questions. Synchronous interviews lasted between 55 and 150 minutes (average 60 minutes). Recordings were professionally transcribed. For the electronic interviews, each participant returned their answers at a time convenient to them, and follow-up questions were also asked via email.

The primary data were collected by the lead author, herself a disabled academic, noting research into disabled people's experiences should be disability-led (Barnes, 1996). The second author of the research is not a disabled academic but came from a perspective of research interest in the social construction of diversity and well-being in relation to HRM. In addition, the second author has experienced chronic ill health. The third author is not a disabled academic and does not have a long-term health condition.

Analysis

Transcripts were read carefully to identify emerging themes; to understand how disability is socially and relationally constructed in interactions between academics and other staff, as well as through encounters with HRM practices and any discrepancies between ‘intended’ and ‘implemented’ practices (Piening et al., 2014).

Themes in the data were coded deductively and inductively in iterative cycles (Fereday and Muir-Cochrane, 2006). Deductively, in terms of interview content’s relevance to the set question areas: HRM practices, disability studies and studies of inequalities in work and employment. Inductively, in terms of common and unique uses of language, identity constructions and experiences of contexts relevant to working in academia and universities. The lead author coded independently, meeting regularly with the other authors to discuss and refine coding frames and re-code accordingly in several iterative rounds until agreement and saturation was reached.

Findings

The analysis revealed three key points of negotiated interaction between disabled academics and the implementation of HRM practices that created disability in social and relational terms: (1) *negotiating access to the academy*; (2) *negotiating an academic career*; and (3) *negotiating workplace adjustments*.

Negotiating access to the academy

For the disabled academics in this study, recruitment intersected with various ongoing social relational experiences surrounding the narrated timelines of their diagnoses, disclosures, health challenges, employment statuses and identifications with disability. These experiences reflected ‘barriers to doing’ forms of academic work and ‘barriers to being’ an academic in positive identity terms in conjunction with the ‘impairment effects’ of living with a condition (Cologon, 2016).

Many participants described protracted, relational patterns of interaction with employers to negotiate working hours, mobility issues, health assessments, financial support, manageable productivity mix and output. For many, recruitment took place through informal networks, often with a basis in temporary hourly-paid (or unpaid) work, which progressed to more formal working relationships. One such participant was Tina, a lecturer in social sciences with Asperger’s:

Every year they’ll say, ‘Can you do 20 hours of this or 60 hours of that?’, and it varies from semester to semester. At one point in the past I was asked if I wanted to transfer to a fractional contract and at that time we’d literally worked it out, financially I think I was worse off if I transferred . . . but because I was doing quite a bit of interim or consultancy work for other kind of clients outside the university it meant that I could – by being a visiting lecturer I could combine the two . . . (Tina, Lecturer, Social Sciences, Asperger’s)

Tina’s recruitment pattern, going from an hourly-paid to a fractional contract, circumvented formal procedures overseen by HRM. This flexibility enabled her to work as she

was able, but resulted in a precarious income compared to her previous work as a senior manager in the public sector.

Similarly, but after pursuing a career in a science discipline, Arrabelle stated she was unable to continue due to the impairment effects of chronic fatigue syndrome (CFS) and took a long career break. She articulated full-time work was the only route to a career within the sciences, despite her supervisors offering part-time work. This internalised assumption of academia requiring full-time work represented an internalised barrier for Arrabelle to maintain her job and presented a barrier to her sense of belonging in academia. Completing a part-time MSc in the humanities enabled Arrabelle to remain in academia via an unpaid research fellowship, which provided access to resources such as libraries and casual paid work, in exchange for unpaid work supporting paid academics' research grant writing. She secured this work through social networks accrued during her studies. Working one day per week on a temporary basis was suited to her extreme fatigue. Securing further positions became easier once membership at a university was established:

It becomes much easier once you're an official part of the university to write to other people and say . . . 'Look, I have been doing this five hours a week and it's been successful, would you consider employing me?'. (Arrabelle, Researcher, Social Sciences, CFS)

Arrabelle's situation suggests disabled academics may find the establishment and accessing of an academic post difficult, particularly when navigating standard recruitment practices and debilitating and fluctuating impairment effects. Disabled academics may turn to unconventional positions to build resources of social support.

While ad hoc forms of recruitment provided some access to employment and the status of affiliation with an academic institution, these informally negotiated and navigated HRM practices equally served to maintain disabled participants' marginalised positions within the academy, and reinforced the unequal power relations present through a reliance on piecemeal paid employment, lack of job security and few opportunities for progression.

Negotiating an academic career

Disabled academics who acquired their 'impairments' later in life, or after securing a permanent position, faced varying tensions around how to renegotiate their academic careers. In social relational terms, employees' embodied 'impairment effects' interacted with their career stages and resources to construct varying experiences of disability, depending on encounters with 'barriers to doing' academic work and 'barriers to being' an academic figure.

Scott, a humanities professor, had a traumatic brain injury (TBI), acquired later in life, after several years working in senior management positions in a university. Scott's TBI caused impairment effects that affected his cognitive abilities and energy:

For quite a long time, I have been producing cutting-edge publications that have transformed the field. After my impairment I found that I couldn't do the very high-level tasks of original research

in terms of keeping together in my head all the multiple factors that one had to sort of take account of when one is analysing in an original way . . . (Scott, Professor, Humanities, TBI)

In terms of the developmental and performance management side of HRM, Scott's employment situation and seniority were established enough for him to give up 'trying to do original research for a good two to three years' to manage his impairment effects while partially conforming with the idealised academic norm. Scott was able to focus on impact and public engagement work around research undertaken prior to the TBI. He mobilised his existing career privileges and job security to manage the impairment effects and did not report experiencing structural disadvantage. He recalled his colleagues and line managers responding positively to his declaration of disability and requests for adjustments:

I've often wondered whether that's because I'm a professor, whether it's easier for a professor to declare disability, you know, someone who's already got some recognition for their academic work than for a junior member of staff. (Scott, Professor, Humanities, TBI)

Despite Scott's apparent support from his line managers, Scott did also note his impairment was remarked on during any performance appraisals, and felt it was linked to restricted opportunities to progress within his organisation. Scott appears to have been perceived by his line managers to only partially meet the ideal academic norms due to his impairment (despite no apparent performance issues), and as such faced a barrier to progressing his career. For Scott, there was a complex and nuanced relationship between the effects of his impairment and barriers to his sense of belonging and being within the university. Disabled academics must carefully negotiate and renegotiate their roles at the sharp local end of HRM practices' implementation, often through informal channels, and where prior academic recognition and career performance appear to help in securing workplace accommodations but do not facilitate continued progression.

While most participants were able to retain employment in academia, several had experienced more fragmented careers, even resulting in the loss of paid employment (while continuing to work in an unpaid capacity). Experiences of attempting to remain in academia despite ongoing health and impairment effects revealed concerns over universities' perceived lack of efforts to retain academic staff. Disability was often constructed in opposition to an 'ideal academic'; one who can work long hours, produce high levels of outputs and work without interruption.

Ainsley, living with multiple 'impairments', said it was unlikely they could remain in academia following their PhD, due to the need to work part-time hours:

I'm aware that having a sparser publication record just because I'm not able to work full-time, let alone the ridiculous 60-hour weeks that a lot of academics do, is inevitably going to have a negative impact on me. (Ainsley, Doctoral Researcher, Sciences, Mobility and Gynaecological Health Conditions and Asperger's)

Disadvantage was experienced as a result of structures and cultures within academia, reinforced by HRM performance and career management practices, necessitating long

working hours which interacted with the effects of impairments to preclude full-time work. Ainsley's perceptions reflected those of most participants: to maintain a career in academia it is necessary to work full-time and long hours, sometimes incompatible with the effects of their 'impairments'. There was limited awareness of opportunities for part-time or flexible working practices. Rather, rigid working practices were seen to be underpinned by UK research councils' funding models with little scope for flexible research funding to support fluctuations in their capacity to work. This normalisation of excessive work was perceived by participants as a barrier to being an academic, and to a sense of belonging in the academy. For some this led to unemployment. Arrabelle recounted how she left a position due to problems related to CFS:

I got a UK academic fellowship in STEM [Science, Technology, Engineering, and Mathematics], and I did that for about 18 months and then I crashed . . . I just couldn't get to work and basically never went back. So finally lost my job officially in 2009 . . . officially it was a mutual arrangement between the two of us. (Arrabelle, Researcher, Sciences, CFS)

Arrabelle's experience reveals the difficulties faced by organisations and disabled employees when a health condition is severe enough to affect a researcher's ability to undertake their duties. Arrabelle recounted she had not reported her worsening health condition to her employer: 'I wasn't severely affected so I just kept going'. Drew's impairment-related experiences also resulted in his leaving an academic post:

I resigned from my last post due to health reasons. Now the reason was that since 2013 I began to acknowledge that I was experiencing sleep attacks during the day, which had repercussions on my ability to maintain my wakefulness and even focus on my work. (Drew, Independent Scholar, Health and Social Sciences, TBI)

Drew experienced impairment effects significant enough to negatively affect his ability to undertake his work duties. He withdrew from his employment rather than having his contract formally terminated in line with HRM policy. The data demonstrate difficulties faced by employers and employees if a health condition varies over time. Importantly, for Drew, Arrabelle and Ainsley, there was no HRM-related discussion of the availability of disability leave, adjustments or flexible working representing a barrier to being an academic for the participants. Policies such as flexible working and workplace adjustments were not translated into practice by line managers. In contrast, participants who had worked in public sector and large private sector organisations reported more robust HRM policies and practices, including structured return to work after disability leave.

Despite regular contact with line managers, adjustments were not raised by line managers with responsibility for implementing relevant policies. From a social relational perspective, the provision of flexible working or disability leave may help reduce impairment effects interacting with a disabling working environment. For these participants, disability occurred when they were compared to, or compared themselves to, the ideal academic, who does not require flexible working practices or disability leave, making their disabilities susceptible to erasure and invisibility.

Negotiating academic careers had implications for the retention of disabled employees, particularly in relation to the marrying of teaching and research. Rosie showed

concerns about pursuing a traditional academic career route and a lecturing post after her research-only position:

I worried about having to stick to a rigorous teaching schedule . . . going to multiple buildings around campus and just many logistics problems around access. It must be accessible teaching rooms because I'm a wheelchair user . . . you just think the time and energy that's required to do that when you have a disability – that saps your energy. (Rosie, Research Fellow, Sciences, Neurological Impairment)

Rosie shows disability is constructed not only when a wheelchair user interacts with inaccessible buildings, but from a social relational perspective she is constructed in opposition to the implicit assumption of physically mobile, able-bodied academics. The construction of disability occurs whenever adjustments are time-consuming and exhausting for the disabled worker to secure, creating a barrier to belonging in the academy and on university campuses.

Many participants felt they would not be eligible for promotion, perceiving disability would render them unable to adhere to strict notions of a 'promotable' academic. Chloe illustrated this belief in relation to her stammer:

In meetings it is quite difficult to get the opportunity to speak and often people want to speak over you. As soon as I stop and there's a pause, then other people chip in and take over, which is quite difficult . . . as a consequence, I don't put myself forward for other things that I know I can do, so promotion or other roles that would give me more responsibility. (Chloe, Lecturer, Social Sciences, Stammer)

For Chloe, the idealised, and therefore promotable, academic is one who can dominate in meetings. Chloe reported her stammer made her unable to achieve this perceived norm, and therefore self-selected out of any routes to career progression. From a social relational model perspective, Chloe is disabled by this socially constructed norm of a 'clear' speaker, rather than her 'impairment'.

David explained his dyslexia had resulted in the adoption of a writing strategy more oriented towards journal papers, rather than the monographs expected in his discipline:

I've pursued the strategy of writing peer-reviewed chapters or journal articles, about 8000 words each . . . I was told very bluntly you're supposed to be able to . . . [write] the equivalent of a monograph, peer-reviewed – [the] accepted criteria for promotion. (David, Lecturer, Humanities, Dyslexia)

David also withdrew himself from consideration for a promotion. Chloe and David's experiences reflected those of many, illustrating an internalised ideal academic, whereby the academic with an 'impairment' is articulated as lacking the necessary qualities for promotion, by both themselves and their line managers. These qualities were believed to be only displayed by academics who do not have 'impairments'. The social relational construction of disability occurred through academics' own assessment of their suitability for promotion, and in interactions between academic colleagues and disengagement with HRM practices. Indeed, respondents noted these 'requirements' were not written in HRM policies for promotion, but were informal, unwritten, discipline-specific norms.

Negotiating workplace adjustments

Participants reported proactively seeking adjustments rather than such information being actively delivered through HRM practices. In this sense, the process of seeking and securing adjustments itself involved disabling social and relational barriers to being able to do academic work and be an academic on reasonable and inclusive terms. Respondents described how information regarding entitlements and adjustments was shared informally by colleagues, rather than by HRM or line managers. The need for academics to secure their own adjustments included the practical aspects of administration associated with schemes such as Access to Work. Participants described applying for support and managing the adjustments as 'having a second job':

Researching multiple airlines, routes and actually having to go to the plane manufacturers' websites to see how big the cargo doors were, and whether my wheelchair could fit through . . . book it, make a claim to the university and then do the same for my carer if he comes out with me. So that's two persons' worth of stuff I have to sort out and claim from the university . . . this literally fills up three days a week of my time. (Rosie, Research Fellow, Sciences, Neurological Impairment)

Rosie's account reflects the level of work required of academics even after they have secured their adjustments, taking away significant time from her paid job and resulting in fewer outputs required for promotion. Therefore, adjustments did not remove structural barriers to equality, instead these adjustments represent a barrier to Rosie doing her job.

Securing adjustments often took 12 months or more, with confusion over why legally required provisions were implemented slowly and impractically. In the case Ann [dyslexia], after the provision of voice recognition software, she was returned to an open-plan office, which made use of the software impossible. Furthermore, the time taken to secure adjustments exacerbated underlying health problems.

Alpana suggested HRM practices related to securing adjustments were an additional layer of work for disabled academics, articulating these processes were 'obstacles' making employees seem problematic:

It feels like you are always encountering obstacles in terms of access . . . attending conferences which are accessible, accessible venues for lectures, extra funding to make up for impairment-related expenses. At times it feels like you are constantly fighting all these obstacles and you might also come across as creating problems rather than fighting for what is rightfully yours. (Amy, Lecturer, Social Sciences, Mobility Impairment)

Owing to difficulties securing formal adjustments, many relied on informal arrangements made with line managers, rather than formalised ones with the HR department:

I informally asked for two days a week working from home. A colleague complained that I wasn't doing as much work as other team members (even though I typically work over 50 hours a week, often more) . . . now my line manager is currently seeking to formalise the adjustments via human resources. I am concerned that I will not formally be allowed two days a week working from home and my health will suffer. (Emma [online respondent], Lecturer, Social Sciences, Anxiety Disorder)

The informality of adjustments was problematic if it gave the impression that a disabled academic was not working at the same pace as non-disabled colleagues. The formalising of adjustments was also associated with concern over losing informal adjustments should the HRM team become involved. In addition, line managers were perceived to have little understanding of disability policies, suggesting a perception of fragmented, fragile and unsupportive HRM implementation processes.

Adjustments were also problematic where line management rotated every few years. Catherine, a casually employed academic, experienced her regular lecture hall being changed for one which was inaccessible for her:

I was put back in that room. So I sent her [the new head] a follow-up just saying, 'Hey, discussed this with the previous person, but if possible I'd like to be kept out of that particular room' . . . disappointing to me was that the reason was never passed on . . . the reply I got from the new person was, 'Yes, I heard you don't like teaching in there. I'll see what I can do.' And I thought, 'You know, that's not okay. It's not a preference.' (Catherine, Casual Sessional Lecturer, Social Sciences, Vestibular Disorder)

A change of line manager resulted in the potential loss of informal adjustments, which then required a re-declaration of disability.

Disabled academics reported additional labour of repeatedly (re)negotiating their position as a disabled worker – in terms of recruitment, retention, progression and adjustments. These HRM practices are experienced as 'disabling' for employees with a range of impairments that do not match perceived norms of the ideal academic. It is important to note all respondents indicated they had purposively avoided any contact with the HRM teams within their universities, identifying a fear that HRM's involvement may negatively affect career progression. As such, all HRM policies, for the respondents here, were implemented as HRM practices by their immediate line managers.

Discussion and conclusions

The study reveals how disabled academics navigate and negotiate HRM practices in distinctive ways, contributing to a sociological view of work through the application of the social relational model of disability to an employment setting. This sociological framing speaks to the operation of ableist norms in academic and other workplaces and contributes to the development of a sociological view of HRM practices (Caldwell, 2004; Van Mierlo et al., 2018), in terms of flawed and 'disabling' implementation through a range of informal practices, relationships and interactions. The findings reveal an embedded sense of an 'ideal academic'; one who can work long hours beyond his or her contracted working week, be highly productive and be responsive to inflexible funding streams (Sang et al., 2015). The social relational model of disability (Thomas, 2004a, 2004b) represents a valuable tool for revealing the experiences of disabled people by demonstrating how 'disability' is constructed through the disabling effects of 'barriers to doing' and 'barriers to being' that arise and are reinforced in conjunction with the 'impairment effects' of living with an embodied condition that can bring discomfort (Cologon, 2016). As a whole process, the norms of an ideal academic worker underpin these social

and relational barriers to worker participation and promotion, which in turn are further reinforced through the disabling (mis)implementation of HRM practices that creates additional labour for disabled people.

The data revealed experiences in academia contrasted sharply with some participants' experiences in public and large private sector organisations. The translation of HRM policy into HRM practice involved employment support being enacted informally, if at all (e.g. Piening et al., 2014). This mirrors the related informality found in diversity management, whereby formal HRM functions are associated with equality and diversity policies, but these are often not enacted in practice (Woodhams and Lupton, 2006). The current study finds little or no contact between HRM teams and disabled employees in universities, with practices being devolved to line managers, who may need to be involved in policy development (Trullen et al., 2016). However, as one participant noted, the move to formal adjustments can induce concern that HRM will refuse to honour informal adjustments. Academia relies on precarious workers and informal HRM policies implemented by managers rather than formal policies implemented by HR professionals who are more familiar with policy content. For some disabled academics this facilitates entry to the sector and workplace adjustments, while others are unable to access working practices and financial support which may better facilitate their career.

Rather than universities creating accessible working environments and practices, a disabled person must often push through considerable additional layers of work to achieve an acceptable employment status and adjustments. This places extra burdens on people with impairments and is therefore 'disabling'. A critical conceptualisation of HRM practices as 'disabling' offers a compelling area for future research on disability and employment highlighting a broader agenda for investigating degrees of negative/disabling and positive/enabling experiences of HRM implementation in other settings and sectors as compared with the culture of higher education and academia, which, along with other industry sectors, is contradictory in its emphasis on competitive performance standards and social justice concerns.

Identifying key junctures at which formal and informal implementation of HRM practices shape disabled people's employment experiences shows how disability is constructed in a social relational sense in contrast to the idealised (non-disabled) academic. Building on Thomas (2004a, 2004b), the data show this construction of disability and the idealised worker is powerful enough to be internalised by many disabled academics, with some withdrawing from career progression despite their own presence in academia being evidence of the possibility of a disabled academic. This draws out further the impact of 'impairment effects' in employment, which distinguishes the social relational model from the social model (Martin, 2013). Being disabled here is defined by lived experiences of anticipating the management of impairment effects in the workplace, unequal social relations, and disabling practices and interactions.

The social relational model of disability is extended by revealing the social relational interplay between HRM policies and practices, normative working practices and the material bodily effects of 'impairments'. For example, flexible working policies are either not offered or not taken up, as disabled employees and other actors believe part-time working is incompatible with a career as an academic. Or, to manage their

impairment effects, disabled academics engage exclusively in flexible working, and as a result feel marginalised within the academic community.

Universities can learn from the underlying disability principle of ‘nothing about us, without us’ (Charlton, 1998), and centre disabled people in decision-making and policy development to ensure an inclusive design of the workplace (Sawyer and Bright, 2014). There are some suggestions of this occurring in the experiences of established academics, who reported positive responses to their requests for accommodations.

To promote greater inclusion, Noon (2012) has suggested forms of diversity management where job candidates are selected based on reduced entry criteria or alternative diversity criteria if two candidates are tied for a job (Noon, 2012). Where disabled employees rely on informal recruitment methods, such a formalised approach may still not work (Sang et al., 2016). Where formal HRM policies and procedures are followed, the usefulness of minimum/alternative employment criteria could be considered. Disability might be factored into decisions about whether performance targets are commensurate with career stage. The data illustrate the individualist approach of adjustments place considerable burden on disabled employees, who are already managing their workload and impairments. To reiterate, the inclusion of disabled employees in strategic and operational planning groups may also help to facilitate these objectives to move towards inclusive higher education (Brewster et al., 2017).

Future research should consider balancing the breadth of a variety of worker impairments, weighing the maximum variation of the current study as capturing a heterogeneity of disabilities (Woodhams and Danieli, 2000) against a narrower focus on single impairments and syndromes (Richards, 2012), allowing for more in-depth understandings of specific impairments. How disability interacts with race and gender, which the authors were unable to explore as respondents rarely felt they were relevant, remains an important direction for future work. Participants’ experiences of the implementation of HRM policies were almost uniformly negative. Future studies would benefit from identifying examples of better practice in relation to the employment of disabled people, to determine practices which enable improved inclusion of disabled people in employment.

By drawing on the social relational model of disability, it is possible to see how HRM practices, some of which are designed to support disabled people (e.g. workplace adjustments), can create ‘disability’ for those with ‘impairments’. Further, the reliance on informal and ad hoc arrangements while providing increased access for some disabled people, may exclude others. This study adds to the limited body of work on disability and HRM, while developing the social relational model of disability, providing avenues for changes to policies and practices, from ableism to inclusion, which would benefit all employees.

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ORCID iDs

Katherine Sang  <https://orcid.org/0000-0003-1397-1116>

Thomas Calvard  <https://orcid.org/0000-0002-9631-6258>

Jennifer Remnant  <https://orcid.org/0000-0001-7562-1547>

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Katherine Sang is Director of the Centre for Research on Employment, Work and the Professions at Edinburgh Business School (Heriot-Watt University). Kate’s research aims to improve the working conditions of women, and disabled people, drawing on participatory approaches to support the inclusion practices of employers and trade unions. Further, Kate’s research advances

theoretical understandings of disability and gender at work. In addition, Kate is an active trade union branch officer and was awarded the Scottish Trades Union Congress 2020 Diversity Award for her work.

Thomas Calvard is Senior Lecturer in Organisation Studies at the University of Edinburgh Business School. His research focuses on how organisations and actors make sense of social perspectives, viewpoints, limits and boundaries, with an emphasis on identity, diversity, technology and ethics. He has published in *Management Learning*, *Organization Science*, *Gender, Work & Organization*, *Journal of Business Ethics* and *The International Journal of Human Resource Management*.

Jennifer Remnant is a post-doctoral research associate at Edinburgh Business School, Heriot-Watt University, currently working on Disability Inclusive Science Careers funded by the EPSRC (led by Sang). Her research focuses on ill health and disability in relation to paid work. Jen is interested in how illness is interpreted and responded to, both by individuals and through policy, as well as how health features in wider labour relations and organisational culture.

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